

## 1ST ANNUAL VOLUNTEER EXPO

## "Who I Am Makes a Difference"

## SPECIAL RECOGNITION AWARD NOMINATION FORM

Cite specific reasons why this person is the outstanding volunteer in your clinic/program. Indicate how his/her performance is **above and beyond** normal volunteer expectations. Be convincing and concise. Please limit your narrative to this one page.

NOMINEE:	
CLINIC/PROGRAM VOLUNTEERING FOR:	
Signature:	Print name:
Title:	

Please submit your nomination forms to Kristen Martinez

NO LATER THAN Thursday, January 17th at 5:00pm

Fax: (909) 421-4600 or Inter-Office Mail Code 0928